



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Strategies for Success in Addressing Oral Health and Behavioral Health

June 13, 2017



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Moderators:

Mindy Klowden,
Director of Technical Assistance, CIHS







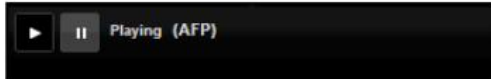

Roara Michael, Associate, CIHS



Before We Begin

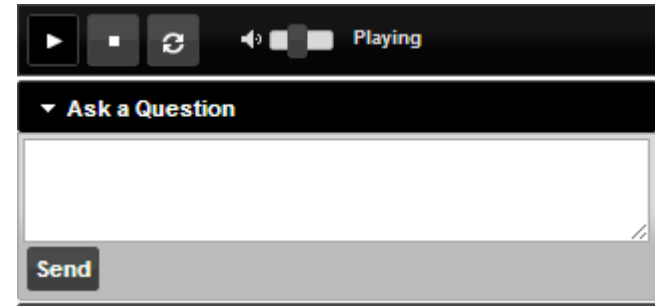
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Advanced Info	<p>User Agent: Mozilla/5.0 (Windows NT 6.1; WOW64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/33.0.1750.117 Safari/537.36</p> <p>Tech info: Windows 7 Google Chrome 33 BW: 4,513 Kbps AFP v.12.0.0 WMP v.Not installed or disabled IP: 98.141.87.70 RSA: 173.228.128.167 Screen Res: 1920 x 1080 Compatibility Mode Enabled: NA Cookies Enabled: Yes Click here for the advanced system test</p> <p>Time: Thu Feb 27 16:23:17 GMT+00:00 2014</p>	

Before We Begin

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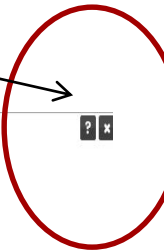


SAMHSA-HRSA

Center for Integrated Health Solutions

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Today's Speakers

Glen Hanson, D.D.S., Ph. D.

Associate Dean, School of Dentistry,
University of Utah; Director, Utah
Addiction Center

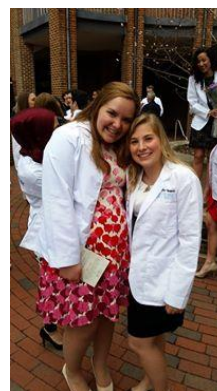


Beat Steiner, MD, MPH

Medical Director Integrated Primary Care
Service, Professor Family Medicine,
University of North Carolina School of
Medicine



Haldis Andersen and Heather Ann Newman UNC Dental Clinic Coordinators





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Improving Oral Health for People with Behavioral Health Conditions



Oral health

Behavioral
health

Learning Objectives

- Describe the impact oral health has on mental health and SUD recovery and health outcomes
- Identify strategies and approaches that organizations can take to incorporate oral health into their integrated care services
- Recognize how community partnerships can support integration of oral health
- Learn tactics to increase oral health providers' understanding of caring for people with mental illness or SUD



Poll Questions

Who is on the call?

- Behavioral Health Provider
- Primary Care Provider
- Oral Health Provider
- Public Health
- Other

Do you currently have a relationship with a local dental providers (referral, on-site services, mobile van, charity programs)?

- Yes
- No

Rate staff comfort with discussing oral health education, needs, and available services

- Very comfortable, we do this routinely
- Somewhat comfortable
- Limited
- Unknown

Do you actively assess risk for substance use disorders (e.g. SBIRT)?

- Yes, we do this routinely
- Sometimes
- No we do not do this

FACTORS AFFECTING THE ORAL HEALTH OF INDIVIDUALS LIVING WITH MENTAL ILLNESS:

.....

Source: De Hert M, Cohen D, Bobes J, Cetkovich-Bakmas M, et al. Physical Illness in Patients with Severe Mental Disorders. II. Barriers to Care, Monitoring and Treatment Guidelines, Plus Recommendations at the System and Individual Level. World Psychiatry. 2011;10:138-151.

- diagnosis, severity and stage of mental illness
- socioeconomic factors
- poor diet (e.g., foods and drinks high in sugar and/or fat, low in fiber)
- lack of perception of oral health problems
- smoking
- ability to self-care
- access to the dentist
- side effects of medications, and
- knowledge of oral health problems.

Other Unique Barriers

- Limited experience among oral health providers in working with SMI/SUD patient populations
- Fear and anxiety of dental visits
- Lack of dental coverage/cost



Yet the Needs are Severe...

- In one study, 61 percent of people with severe mental illness reported fair to poor dental health, and more than a third had oral health problems that made it difficult for them to eat.
- Another study found people with serious mental illness are more than three times as likely to lose all their teeth than the general population.
- Antipsychotics, antidepressants and mood stabilizer prescription medications can reduce saliva, lead to dry mouth, increased cavities, gingivitis, and periodontal disease
- Alcohol is known to increase tooth decay, while methamphetamines, cocaine and other stimulants are known to cause oral health problems including grinding teeth

Benefits of Improved Oral Health for Persons with Behavioral Health Disorders



- Improved self-esteem, ability to find a job, and other increased recovery/resiliency factors
- Improved overall health and wellness



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FLOSS

(**F**acilitating **L**ifetime of **O**ral Health
Sustainability for **S**ubstance Abuse
Disorder Patients)

Drs. Glen R. Hanson and Bryan Trump, P.I.s
(**University of Utah School of Dentistry**)
Shawn McMillan (**1st Step House**)



Background:

- Substance Abuse Disorder Patients (**SUDP**) have high incidence of caries and other consequences of **poor oral health**
- SUDP **require greater access** to dental care to **reduce** frequent **emergency** visits and relieve oral health, medical & mental health burdens
- Concluded that “**addiction treatment providers should consider dental as associated comorbidities requiring linked treatment plans**”

Objectives:

- **Train** Utah’s current and future **dental workforce** to the oral health needs of medically complex SUDP
- **Train Case Managers** and Certified Peer Support Specialists (CPSS) in the importance of **oral health care**

- Establish a **unique/collaborative academic and direct service program** between U of U SOD) and local SUDP-treatment agencies (1st Step House and Odyssey House)

Details

- **Very positive response from both dental students and SUD patients**



- **Provide stratified services** to ~300 SUDP and ~100 minor dependents as integral part of their SUD treatment-with intent to **establish a sustainable 'dental home'**
- **Measure outcomes** to assess value and refine model

HRSA Focus Areas



- Develops **training** programs for **oral health providers** in advanced roles, i.e., train dental workforce to provide dental needs **to medically complex SUDPs**
- Establish/**expand oral health services** by work closely with SUDP treatment agencies to expand oral health care **into treatment agencies for SUD**
- **Integrate oral** and **primary care** medical (i.e., **SUD** treatment) underserved communities **by cross-training** the workers in each of these two disciplines.

Outcome (comparison of **FLOSS vs. **Non-FLOSS** Clients)**

NOTE: *similar demographics* (from 1st Step House)

	<u>FLOSS</u>	<u>Non-FLOSS</u>
Total clients:	84	370
<u>Drug of Preference</u>		
<i>Heroin</i>	45%	22%
<i>Other opiates</i>	1%	4%
<i>METH</i>	22%	30%
<i>Alcohol</i>	22%	30%
<i>Cocaine</i>	2%	4%





Treatment features

FLOSS

Non-FLOSS

Length

Median

170 d

109 d

Mean

200 d

153 d

Treatment complete

52%

46%

Discharge Reason

***-left against
advice***

19%

29%

***-Treatment
complete***

52%

46%

Residence

	<u>FLOSS</u>		<u>Non-FLOSS</u>	
	<u>Admission</u>	<u>Discharge</u>	<u>Admission</u>	<u>Discharge</u>
Incarcerated	21%	2%	19%	5%
Private Res.	43%	74%	56%	71%
Homeless/Street	21%	7%	16%	10%

Conclusion:

- **FLOSS clients better in every measurement, but particularly the duration of treatment**
- **Based on proven correlation between duration of treatment and recidivism, it is anticipated that FLOSS clients will have a lower rate of relapse (ref.: Hser et al. “Predictors of Short-term outcomes...” Eval. Programs Plann. 30 [2008] 187)**





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WakeBrook Dental Clinic:

A collaboration to bring oral health care
to patients of a behavior health facility

Dr. Beat Steiner
Haldis Andersen
Heather Newman

How the Clinic Began...

- The importance of dental care is striking when caring for patients with serious mental illness
 - 55% have not seen a dentist in more than 2 years.
 - 15% reported having dental pain at the time of the survey.
 - 25% had presented to an emergency department to obtain relief from dental pain.
- Our PBHCI grant included a focus on dental health
- Opportunity for Partnerships
 - UNC School of Medicine
 - UNC School of Dentistry
 - Albert Schweitzer Fellowship

WakeBrook's Patient Population

- “Reverse Co-Location” Outpatient Office:
 - Full Scope Primary Care for Patients with SMI
 - 500 patients with plan to expand to 750
 - Multidisciplinary team including dentistry
 - Close partnership with behavioral health teams
- Inpatient and Detox units located on same campus
- Opportunity for community outreach

How often during the last year...*

	Question	Never	Hardly Ever	Occasionally	Fairly Often	Very Often	N/A
1	...have you had painful aching anywhere in your mouth?	8	8	31	25	27	0
2	...have you felt that life in general was less satisfying because of problems with your teeth, mouth or dentures?	20	2	29	18	31	0
3	...have you had difficulty doing your usual jobs (or attending school) because of problems with your teeth, mouth or dentures?	43	10	14	6	16	10
4	...has your sense of taste been affected by problems with your teeth, mouth or dentures?	57	14	8	6	14	0
5	...have you avoided particular foods because of problems with your teeth, mouth or dentures?	20	8	24	12	35	0
6	...have you found it uncomfortable to eat any foods because of problems with your teeth, mouth or dentures?	16	4	22	16	41	0
7	...have you been self-conscious or embarrassed because of your teeth, mouth or dentures?	34	8	8	16	34	0

*values are percentages rounded to the nearest whole number

Program Model

1. Volunteer Dental Clinics

- Monthly to bimonthly
- Student-run and faculty-supervised

2. Oral Health Group Classes for Patients

- Monthly
- Currently taught by student clinic coordinators

3. Oral Health Presentations for WakeBrook Providers

- Oral health pearls shared at two provider meetings



Volunteer Dental Clinics

- Who: WakeBrook primary care patients
- What: Urgent care dental needs
- Where: The primary care exam rooms at WakeBrook
- When: Weekday evenings and weekends
- How: Appointments made based on referrals from primary care providers and behavioral health teams
 - In case of no-shows, patients from crisis units are seen

Dental Clinic Volunteers

- Each clinic has 6-8 student volunteers and one faculty
- Volunteers include all four years of dental students
- Tasks are suited to each year, allowing continuity in student participation
- Care is only provided by students who are considered to have adequate experience with procedures



Dental Clinic Equipment

- Two portable A-dec dental units and chairs
- Air compressor to power units
- Borrowed from UNC:
 - NOMAD portable x-ray system
 - Surgical and restorative instruments





Outcomes from this year:

- 11 oral health group classes
- 14 dental clinics
 - 60 WakeBrook patients seen
 - We provided over \$10,000 in free dental care
 - Volunteers involved: 27 dental students and four UNC faculty

Community Partnership Opportunities

- Hygiene program at local community college
 - Low-cost cleanings (\$20) and exams
- Local dental school
 - Free volunteer clinics or low-cost student clinics
- Pre-dental club at local university/college
 - Students can provide oral health classes
- Local dentists
 - Many dentists may holds special days when they provide free or reduced care to patients in need

Our Team



Acknowledgements



Acknowledgements

- WakeBrook Providers and Staff
- Dental Foundation of North Carolina
- Ms. Joanne Honeycutt and the NC Baptist State Convention
- Dr. Don Tyndall, Director of Radiology at UNC School of Dentistry





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Thank you for your attention.

Have any questions or comments? Please contact us:

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SAMHSA-HRSA Center for Integrated Health Solutions

Extensive resources on integrated care models, financing, health and wellness, operations, and workforce

Contact CIHS for a 1-hour consultation with one of our integration experts at no cost integration@thenationalcouncil.org or 202-684-7457.

<http://www.integration.samhsa.gov/>

Additional Resources

<https://integrationedge.readz.com/oral-health-overview>

<http://www.integration.samhsa.gov/health-wellness/oral-care>

http://www.naco.org/sites/default/files/documents/oral-mental-health_06.29-v3.pdf

<http://www.nachc.org/wp-content/uploads/2015/06/Integration-of-Oral-Health-with-Primary-Care-in-Health-Centers.pdf>

CIHS Tools and Resources

Visit www.integration.samhsa.gov or
e-mail integration@thenationalcouncil.org

The screenshot shows the homepage of the SAMHSA-HRSA Center for Integrated Health Solutions. At the top, there is a search bar with the text "Making Integrated Care Work" and a phone number "202.684.7457". Below this is the center's name, "SAMHSA-HRSA Center for Integrated Health Solutions", and a link to the "eSolutions newsletter". A navigation menu includes links for "About Us", "Integrated Care Models", "Workforce", "Financing", "Clinical Practice", "Operations & Administration", and "Health & Wellness". Below the menu are social media icons for Facebook, Twitter, and Listserv, along with links to "Ask a Question" and "Email".

The main content area features a large image of four healthcare professionals in a meeting. To the right of this image is a section titled "ABOUT CIHS" with the heading "SAMHSA-HRSA Center for Integrated Health Solutions". Below this heading is a paragraph describing the center's mission: "CIHS promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in behavioral health or primary care provider settings." A "LEARN MORE" button is located below the paragraph.

Below the "ABOUT CIHS" section is a "TOP RESOURCES" section. It features two articles. The first article, dated February 24, 2014, is titled "Integrating Physical and Behavioral Health Care: Promising Medicaid Models" and includes a thumbnail image of two people climbing ladders to reach the top of a tree. The second article, dated February 21, 2014, is titled "February Is American Heart Month!" and includes a thumbnail image of a hand holding a red heart. Below the articles is a "CALENDAR OF EVENTS" section with two events listed for February 2014: "Substance Use and Mental Disorders: Early Detection, Prevention, and Treatment" (February 26-28, 2014) and "Integrating Peer Support in Primary Care" (February 27-29, 2014).



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